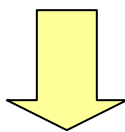
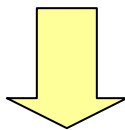


Uniform Parentage**RESPONSE TO PETITION TO
ESTABLISH PARENTAL RELATIONSHIP**

Note: you (the Respondent) have 30 days from the date of service to file a Response with the required Proof of Service form attached.

3 STEPS:**STEP 1. COMPLETING THE PAPERWORK.****STEP 2. SERVING THE DOCUMENTS.****STEP 3. FILING THE FORMS AND PROOF OF SERVICE.**

Uniform Parentage

**RESPONSE TO PETITION TO
ESTABLISH PARENTAL RELATIONSHIP** (CONTINUED)

STEP 1. COMPLETING THE PAPERWORK

STANDARD FORMS THAT MUST BE COMPLETED

- ☐ Form FL-220, **Response** (2 pages)
- ☐ Form FL-105, **Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)** (2 pages)
- ☐ Form FL-105.3c **Attachment to Declaration Under Uniform Child Jurisdiction and Enforcement Act (UCCJEA)** (1 page) [Use this form if more than 2 children are involved in this case]
- ☐ Form FL-335, **Proof of Service by Mail** (2 pages), or
- ☐ Form FL-330, **Proof of Personal Service** (2 pages)

MAKE TWO COPIES OF ALL FORMS USED

Make two (2) copies of all forms used. One (1) copy of each form will be served on the other parent (**see Step 2**). You will submit the original and one (1) copy to the Clerk who will keep the original and return a filed copy to you (**see Step 3**).

The forms can be typed or completed in
black ink, neatly and clearly.

Uniform Parentage

**RESPONSE TO PETITION TO
ESTABLISH PARENTAL RELATIONSHIP** (CONTINUED)

STEP 2. SERVING THE DOCUMENTS

SERVE TO YOUR SPOUSE ONE COPY OF ALL FORMS USED:

- ☐ Form FL-220, **Response** (2 pages)
- ☐ Form FL-105, **Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)** (2 pages)
- ☐ Form FL-105.3c **Attachment to Declaration Under Uniform Child Jurisdiction and Enforcement Act (UCCJEA)** (1 page) [Use this form if more than 2 children are involved in this case]

Note: All of these documents must be delivered to your spouse (the Petitioner) by someone other than you, who is over 18, and not a party to the case. The forms may be mailed or served in person.

HAVE THE SERVER COMPLETE THE “PROOF OF SERVICE” FORM:

The person who serves the documents must then complete and sign the **Proof of Service form**, listing every document that was served:

- ☐ Form FL-330, **Proof of Personal Service** (2 pages)
- or... ☐ Form FL-335, **Proof of Service by Mail** (2 pages)

Uniform Parentage

**RESPONSE TO PETITION TO
ESTABLISH PARENTAL RELATIONSHIP** (CONTINUED)

STEP 3. FILING THE FORMS AND PROOF OF SERVICE

Note: you (the Respondent) have 30 days from the date the petition was served to you to file a Response with the required Proof of Service form attached.

SUBMIT FORMS & FILING FEES TO THE CLERK:

- ☐ **Submit to the Clerk the original and 1 copy** of all forms used.
- ☐ **Submit the First Filing Fee**, unless you qualify for a “fee waiver.” (*See Fee Waiver packet.*)
- ☐ **The Clerk will file-stamp the copy.**
- ☐ **The Clerk will keep the original** of all forms used and **will return your copy to you.**

Note: all documents that must be filed can be filed at any of the following locations :

- The Clerk’s Office, 4th Floor, Downtown Courthouse
- Any of the outlying courts in Fresno County

FL-220

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address)</p> <p style="text-align: center;">1</p> <p>TELEPHONE: _____ FAX: _____</p> <p>ATTORNEY FOR: _____</p> <p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____</p> <p>EMERGENCY ADDRESS: _____</p> <p>OFFICE AND ZIP CODE: _____</p> <p>DATE OF FILING: _____</p> <p>PETITIONER: _____</p> <p>RESPONDENT: _____</p> <p>2</p> <p>3</p> <p>4</p>	<p>FOR COURT USE ONLY</p>
---	---------------------------

RESPONSE TO PETITION TO ESTABLISH PARENTAL RELATIONSHIP (Uniform Parentage)

1. ☐ Respondent admits being the parent of the children listed in item 2 of the petition.

2. ☐ Respondent claims that parentage has been established by voluntary Declaration of Paternity (attach copy).

3. ☐ Respondent requests genetic (blood) tests to determine whether ☐ Respondent ☐ Petitioner is the ☐ Mother ☐ Father of the children.

4. ☐ Respondent claims the following statements of the Petitioner are false (use item numbers from the petition or explain):

5. ☐ Respondent does not have sufficient information to answer the following statements of the petition, so Respondent denies them (use item numbers from the petition or explain):

6. ☐ Respondent admits that all other statements of the petition are true.

7. ☐ **AFFIRMATIVE DEFENSES:** Respondent asserts the following defenses (specify):

8. ☐ **Respondent requests**
☐ That the court deny the relief Petitioner seeks and award Respondent attorney fees and costs of suit.
☐ Other (specify):

If you admit your parental relationship or if you wish to establish or maintain a relationship with the child, complete the applicable items below:

9. ☐ **CHILD CUSTODY:**
a. ☐ I consent to the custody order requested. b. ☐ I request the following custody order (specify):

10. ☐ **CHILD VISITATION:**
a. ☐ I consent to the visitation order requested. b. ☐ I request the following visitation order (specify):

11. ☐ **MEDIATION:** I request mediation to work out a parenting plan.

12. ☐ **EXPENSES OF PREGNANCY AND BIRTH:** I do ☐ I do not consent to pay the costs of pregnancy and birth as set forth in the petition.

13. ☐ **FEES AND COSTS OF LITIGATION:** I do ☐ I do not consent to the order requested.

14. ☐ **NAME CHANGE:** I do ☐ I do not consent to be requested for a change in the children's names pursuant to Family Code section 7638.

15. **CHILD SUPPORT:** If the court determines that you are a parent of the child(ren), the court may make orders for support of the child(ren) without further notice to other party. An earnings assignment order will be issued.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(TYPE OR PRINT NAME) _____ (SIGNATURE OF RESPONDENT) _____ Page 1 of 1

Form prepared by Central Branch
Address: 1100 Van Ness Ave., Fresno, CA 93724-0002
FL-220 (Rev. January 1, 2012)

RESPONSE TO PETITION TO ESTABLISH PARENTAL RELATIONSHIP (Uniform Parentage)

Form No. 1-1
www.courtinfo.ca.gov

How to fill out

RESPONSE TO PETITION TO ESTABLISH PARENTAL RELATIONSHIP (FL-220)

DIRECTIONS:

- Find a number on the sample form. *Example:* **1**
- Go to the same number below to find out how to fill out the form
- Type or print in black ink

If you know the CASE NUMBER fill it in. If not known, leave it blank

- 1** Write your name and address. You may fill in your phone number, email and fax if you want to.
- 2** If it is not filled in for you, write "Fresno" after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- 3** Write the other parents' name after "Petitioner." Write your name after "Respondent."
- 4** Check the following boxes:
 - 1) Check box #1 if you admit that you are the parent of the child
 - 2) Check box #2 if either you or the other parent signed a Voluntary Declaration of Paternity
 - 3) Check box #3 if you are requesting that the court order a blood test to determine whether you or the other party is the biological parent of the child and check appropriate corresponding boxes
 - 4) Check box #4 if you believe the statements made by the other parent are not true. List each number or write out the statement that is not true and explain why it is not true
 - 5) Check box #5 if you do not have enough information to either admit or deny any of the statements made by the other parent. List the number(s) for each statement that you do not have enough information about or write out the statement and explain.
 - 6) Check box #6 if you admit that all statements made by the other parent are true.
 - 7) Check box #7 if you have a defense to any statement made by the other parent. Write the number of the statement given by the other parent and write your explanation.
 - 8) Check box #8 if:
 - You are requesting the court deny the requests made by the other parent and award you the cost of attorney's fees to defend this action; or
 - Write any other request that you have here.

How to fill out

RESPONSE TO PETITION TO ESTABLISH PARENTAL RELATIONSHIP (FL-220)

-Page 1 Continued-

DIRECTIONS:

- ▶ Find a number on the sample form. *Example: 1*
- ▶ Go to the same number below to find out how to fill out the form
- ▶ Type or print in black ink

If you know the CASE NUMBER fill it in. If not known, leave it blank

FL-220

ATTORNEY OR PETITIONER'S (WITHOUT ATTORNEY) (Name, address, business, and address)		FOR COURT USE ONLY	
TELEPHONE NO. FAX NO.			
ATTORNEY FOR COURT			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF			
COURT ADDRESS			
CITY AND ZIP CODE			
COUNTY NAME			
PETITIONER			
RESPONDENT			
RESPONSE TO PETITION TO ESTABLISH PARENTAL RELATIONSHIP (Uniform Parentage)		PAGE NUMBER	

1. ☐ Respondent admits being the parent of the children listed in item 2 of the petition.

2. ☐ Respondent claims that parentage has been established by Voluntary Declaration of Paternity (attach copy).

3. ☐ Respondent requests genetic (blood) tests to determine whether ☐ Respondent ☐ Petitioner is the
☐ Mother ☐ Father of the children.

4. ☐ Respondent claims the following statements of the Petitioner are false (use item numbers from the petition or explain):

5. ☐ Respondent does not have sufficient information to answer the following statements of the petition, so Respondent denies them (use item numbers from the petition or explain):

6. ☐ Respondent admits that all other statements of the petition are true.

7. ☐ AFFIRMATIVE DEFENSES: Respondent asserts the following defenses (specify):

8. ☐ Respondent requests:
☐ That the court deny the relief Petitioner seeks and award Respondent attorney fees and costs of suit.
☐ Other (specify):

9. ☐ If you admit your parental relationship or if you wish to establish or maintain a relationship with the child, complete the applicable items below:

9. ☐ CHILD CUSTODY
a. ☐ I consent to the custody order requested. b. ☐ I request the following custody order (specify):

10. ☐ CHILD VISITATION
a. ☐ I consent to the visitation order requested. b. ☐ I request the following visitation order (specify):

11. ☐ MEDIATION: I request mediation to work out a parenting plan.

12. ☐ EXPENSES OF PREGNANCY AND BIRTH: ☐ I do ☐ I do not consent to pay the costs of pregnancy and birth as set forth in the petition.

13. ☐ FEES AND COSTS OF LITIGATION: ☐ I do ☐ I do not consent to the order requested.

14. ☐ NAME CHANGE: ☐ I do ☐ I do not consent to the request for a change in the children's names pursuant to Family Code section 7528.

15. ☐ CHILD SUPPORT: If the court determines that you are a parent of the children, the court may make orders for support of the children without further notice to other party. An earnings assignment order will be issued.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(PRINT OR PRINT NAME) (SIGNATURE OF RESPONDENT) Page 1 of 1

FORM APPROVED BY COURSE OF
JUDICIAL BRANCH OF CALIFORNIA
PL 220 (Rev. January 1, 2012)

RESPONSE TO PETITION TO ESTABLISH PARENTAL RELATIONSHIP
(Uniform Parentage)

COURT CODE 5.100
www.courtinfo.ca.gov

5 Check all of the following boxes that apply:

- 9) Check this box if the other parent is requesting child custody orders, and
- a) Check #a if you agree to the custody orders the other parent is requesting.
 - b) Check #b if you do not agree to the custody orders the other parent is requesting and write what orders you would like the court to make.
- 10) Check this box if the other parent is requesting visitation orders, and
- a) Check #a if you agree to the visitation orders the other parent is requesting, or
 - b) Check #b if you do not agree to the visitation orders the other parent is requesting and write what orders you would like the court to make.
- 11) Check this box if you would like the court to order that you and the other parent go to mediation to work out a custody and visitation plan.
- 12) Check this box if there are pregnancy expenses and check whether **you do** or **do not** agree to pay the cost of the pregnancy and birth.
- 13) Check this box if there are costs related to this case and whether **you do** or **do not** agree to pay the costs for this case.
- 14) Check this box if the other parent is requesting that the child's name be changed and whether **you do** or **do not agree** to the child's name being changed.
- 15) There is nothing to write here.

6 Write the date, print your name and sign the document.

SHORT TITLE: 16	CASE NUMBER:
--	--------------

17 4. Have you participated as a party or a witness or in some other capacity in another litigation or custody proceeding, in California or elsewhere, concerning custody of a child subject to this proceeding?
☐ No ☐ Yes (If yes, provide the following information:)

a. Name of each child:

b. Capacity of declarant: ☐ party ☐ witness ☐ other (specify):

c. Court (specify name, state, location):

d. Court order or judgment (date):

18 5. Do you have information about a custody proceeding pending in a California court or any other court concerning a child subject to this proceeding, other than that stated in item 4?
☐ No ☐ Yes (If yes, provide the following information:)

a. Name of each child:

b. Nature of proceeding: ☐ dissolution or divorce ☐ guardianship ☐ adoption ☐ other (specify):

c. Court (specify name, state, location):

d. Status of proceeding:

19 6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody or of visitation rights with any child subject to this proceeding?
☐ No ☐ Yes (If yes, provide the following information:)

a. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	b. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	c. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child
---	---	---

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 Date: 20 _____
 (TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

21 7. ☐ Number of pages attached after this page:

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

FL-105/GC-120 (Rev. January 1, 2003) DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA) Page 2 of 2

DECLARATION (FL-105)

- page two -

DIRECTIONS:

- ▶ Find the number on the sample form. *Example:* 16
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink.
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

- 16** Write Petitioner's last name v. Respondent's last name. *Example:* Smith v. Smith
- 17** Check yes if you have ever been part of any legal case (in California or anywhere else) for custody of any child in this case.
 - If you check yes, fill out a. through d.
 - "Capacity of Declarant" asks if were you part of the case, a witness (called to testify/speak about the case), or in some other way involved.
- 18** Check yes if you know something about any pending (waiting for decision) custody case involving any child in this case.
 - If yes, fill out a. through d.
 - "Nature of proceeding" means type of case.
 - In "Status of proceeding" write what is now happening.
- 19** Give information about any person (other than you or your spouse) that the child lives with now, or thinks that they have custody or visiting rights.
- 20** Type or print your name (first, middle, last) on the line to the left, sign your name on the right.
- 21** Write in the number of pages that follow this one if you used any added pages to give more information.

DECLARATION (FL-105) – Attachment 3c

Child's name <input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence to present <input type="checkbox"/> Confidential	Address	Person child lived with (name and present address)		Relationship
to				
to				
to				
to				

Child's name <input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence to present <input type="checkbox"/> Confidential	Address	Person child lived with (name and present address)		Relationship
to				
to				
to				
to				

Child's name <input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence to present <input type="checkbox"/> Confidential	Address	Person child lived with (name and present address)		Relationship
to				
to				
to				
to				

Attachment 3c
 DECLARATION UNDER
 UNIFORM CHILD CUSTODY JURISDICTION ACT (UCCJIA)
FLFO

Mark's Court's Essential Forms™
MD-1053C

- 15** Use this page if there are more than 2 children. Fill out the same way you did for the first two children. Ask for more forms if needed.

How to fill out

PROOF OF SERVICE BY MAIL (Family Law) FL-335

DIRECTIONS:

- ▶ Find a number on the sample form.
Example: ❶
- ▶ Go to the same number below to find out how to fill out the form
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

FL-335	
<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><small>ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) (Name, state bar number, and address):</small></div> <div style="text-align: center; font-size: 24px; font-weight: bold; margin-bottom: 10px;">❶</div> <div style="display: flex; justify-content: space-between; font-size: small;"><div>TELEPHONE NO.:</div><div>FAX NO.:</div></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><small>ATTORNEY FOR (Name):</small></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">SUPERIOR COURT OF CALIFORNIA, COUNTY OF</div> <div style="font-size: 24px; font-weight: bold; text-align: center; margin-bottom: 10px;">❷</div> <div style="font-size: small;">STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">PETITIONER/PLAINTIFF:</div> <div style="font-size: 24px; font-weight: bold; text-align: center; margin-bottom: 10px;">❸</div> <div style="font-size: small;">RESPONDENT/DEFENDANT: OTHER PARTY:</div> <div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold;">PROOF OF SERVICE BY MAIL</div>	<div style="border: 1px solid black; height: 100px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 100px;"></div> <div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold;">CASE NUMBER</div>
<p>NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).</p> <p>1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.</p> <p>2. My residence or business address is:</p> <div style="text-align: center; font-size: 24px; font-weight: bold; margin-top: 10px;">❹</div> <p>3. I served a copy of the following documents (<i>specify</i>):</p> <div style="text-align: center; font-size: 24px; font-weight: bold; margin-top: 10px;">❺</div> <p>by enclosing them in an envelope AND</p> <p>a. <input type="checkbox"/> depositing the sealed envelope with the United States Postal Service with the postage fully prepaid.</p> <p>b. <input type="checkbox"/> placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.</p> <p>4. The envelope was addressed and mailed as follows:</p> <p>a. Name of person served:</p> <p>b. Address:</p> <div style="text-align: center; font-size: 24px; font-weight: bold; margin-top: 10px;">❻</div> <p>c. Date mailed:</p> <p>d. Place of mailing (<i>city and state</i>):</p> <p>5. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p> <p>Date:</p> <div style="text-align: center; font-size: 24px; font-weight: bold; margin-top: 10px;">❼</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 45%; border-top: 1px solid black; text-align: center; font-size: small;">(TYPE OR PRINT NAME)</div><div style="width: 45%; border-top: 1px solid black; text-align: center; font-size: small;">(SIGNATURE OF PERSON COMPLETING THIS FORM)</div></div>	
<div style="display: flex; justify-content: space-between;"><div>Form Approved for Optional Use Judicial Council of California FL-335 (Rev. January 1, 2002)</div><div>PROOF OF SERVICE BY MAIL</div><div>Code of Civil Procedure, §§ 1013, 1013a www.courtinfo.ca.gov</div></div> <div style="text-align: right; font-weight: bold; font-size: small;">Page 1 of 2</div>	

NOTE: the person serving the papers will use this form if they mailed the papers.

- ❶ Write your name, address, and telephone number.
- ❷ If not filled in for you, write “Fresno” after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- ❸ Write the names of the parties. You are “Petitioner” if you started the case. You are “Respondent” if you did not.
- ❹ Write the home or business address of the person who will serve the papers.
- ❺ Write the names of the papers served. (For example, “Notice of Motion.”)
- ❻ Write the name and address of the person to whom the papers were mailed exactly as it was written on the envelope.
Write the date the envelope was mailed, and the city and state from which it was mailed.
- ❼ The person who mailed the papers will write the date at the bottom of the page, print his/her name, and sign his/her name.

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the Respondent and the Other Parent, you must complete two proofs of service, one for the Respondent and one for the Other Parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
 - a. Check this box if you put the documents in the regular U.S. mail.
 - b. Check this box if you put the documents in the mail at your place of employment.
4. a. Print the name you put on the envelope containing the documents.
b. Print the address you put on the envelope containing the documents.
c. Write in the date that you put the envelope containing the documents in the mail.
d. Write in the city and state you were in when you mailed the envelope containing the documents.
5. You are stating under penalty of perjury that the information you have provided is true and correct.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the Family Law Facilitator in your county.

PROOF OF SERVICE BY MAIL (Family Law) FL-335

- page two -

There is nothing to fill out on this page, but you should read these instructions.

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17410, 17410) (Name, state bar number, and address):		FOR COURT USE ONLY FL-330
1		
TELEPHONE NO.: FAX NO.:		
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	2	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	3	
OTHER PARTY:		
PROOF OF PERSONAL SERVICE		CASE NUMBER

4 1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.

5 2. Person served (name):

3. I served copies of the following documents (specify):

6 4. By personally delivering copies to the person served, as follows:

a. Date:

c. Address:

b. Time:

7 5. I am

a. ☐ not a registered California process server.

b. ☐ a registered California process server.

c. ☐ an employee or independent contractor of a registered California process server.

d. ☐ exempt from registration under Bus. & Prof. Code section 22350(b).

e. ☐ a California sheriff or marshal.

8 6. My name, address, and telephone number, and, if applicable, county of registration and number (specify):

9 7. ☐ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

8. ☐ I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)

(SIGNATURE OF PERSON WHO SERVED THE PAPERS)

Form Approved for Optional Use
Judicial Council of California
FL-330 (Rev. January 1, 2003)

PROOF OF PERSONAL SERVICE

Page 1 of 2
Code of Civil Procedure, § 1011
www.courtinfo.ca.gov

How to fill out

PROOF OF PERSONAL SERVICE (Family Law) FL-330

DIRECTIONS:

- ▶ Find a number on the sample form.
Example: 1
- ▶ Go to the same number below to find out how to fill out the form
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

NOTE: the person serving the papers will use this form if they personally served the papers.

- 1** Write your name, address, and telephone number.
- 2** If not filled in for you, write “Fresno” after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- 3** Write the names of the parties. You are the “Petitioner” if you started the case. You are the “Respondent” if you did not.

The rest of this form is filled out by the person who serves the party for you. You can’t serve the other party yourself. Someone who is over the age of 18 must **PERSONALLY** serve the other party. That person will complete the rest of this **PROOF OF SERVICE**.

- 4** Write the name of the person served.
- 5** Write the names and numbers of the papers served. (For example, “Notice of Motion.”)
- 6** Write in the date, address and time the papers were served.
- 7** Check box a., “not a registered California process server.”
- 8** Write the name, address and telephone number of the person who served the papers.
- 9** The person who mailed the papers will write the date at the bottom of the page, print his/her name, and sign his/her name.

INFORMATION SHEET FOR PROOF OF PERSONAL SERVICE

Use these instructions to complete the *Proof of Personal Service* (form FL-330).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Service by Mail* (form FL-335) if the documents are being served by mail. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the Respondent and the Other Parent, you must complete two proofs of service, one for the Respondent and one for the Other Parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

1. You are stating that you are over the age of 18 and that you are neither a party of this action nor a protected person listed in any of the orders.
2. Print the name of the party to whom you handed the documents.
3. List the name of each document that you delivered to the party.
4. a. Write in the date that you delivered the documents to the party.
b. Write in the time of day that you delivered the documents to the party.
c. Print the address where you delivered the documents.
5. Check the box that applies to you. If you are a private person serving the documents for a party, check box "a."
6. Print your name, address, and telephone number. If applicable, include the county in which you are registered as a process server and your registration number.
7. You must check this box if you are not a California sheriff or marshal. You are stating under penalty of perjury that the information you have provided is true and correct.
8. Do not check this box unless you are a California sheriff or marshal.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the Family Law Facilitator in your county.

PROOF OF PERSONAL SERVICE (Family Law) FL-330

- page two -

There is nothing to fill out on this page, but you should read these instructions.